

CIVIL RIGHTS COMPLAINT
42 U.S.C. § 1983

FILED
IN CLERK'S OFFICE
U.S. DISTRICT COURT
E.D.N.Y.

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

★ FEB 09 2015 ★

Mr. Darrelle D. McClenic #1400744,
Full name of plaintiff/prisoner ID#

LONG ISLAND OFFICE

CV - 15 0705

Plaintiff,

JURY TRIAL DEMAND

YES NO

-against-

Mr. John SHMETTAN
Mr. Joseph ALBERGO
NASSAU County POLICE DEPARTMENT

Enter full names of defendants
[Make sure those listed above are
identical to those listed in Part III.]

FEUERSTEIN, J

Defendants.

LOCKE, M. J.

I. Previous Lawsuits:

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes () No (x)
- B. If your answer to A is yes, describe each lawsuit in the space below (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiffs:

Mr. Darrelle D. McClenic

Defendants:

Mr. John SHMETTAN
Mr. Joseph ALBERGO

2. Court (if federal court, name the district;
if state court, name the county)

NASSAU County

3. Docket Number: 2083N-12

4. Name of the Judge to whom case was assigned: ARIES

5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?)
DISMISSED NOT GUILTY VERDICT

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: April 29, 2013

II. Place of Present Confinement: NASSAU COUNTY CORRECTIONAL CENTER

A. Is there a prisoner grievance procedure in this institution? Yes () No ()

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes () No ()

C. If your answer is YES,

1. What steps did you take? _____

2. What was the result? _____

D. If your answer is NO, explain why not I WAS ACQUITTED BY JURY.
April 29th, 2013

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes () No ()

F. If your answer is YES,

1. What steps did you take? _____

2. What was the result? _____

III. Parties:

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff Mr. Darville D. McClenic

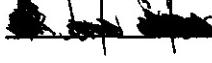
Address 100 CARMAN AVE, EAST MEADOW, N.Y. 11554

(In item B below, place the full name and address of each defendant)

B. List all defendants' names and the addresses at which each defendant may be served. Plaintiff must provide the address for each defendant named.

Defendant No. 1

Mr. Joseph Albergo





Defendant No. 2

Mr. John SHMETTAN

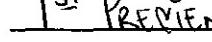




Defendant No. 3

NASSAU County Police Department

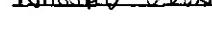
1ST PREMINT

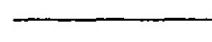




Defendant No. 4

NASSAU County Correctional Center





Defendant No. 5





[Make sure that the defendants listed above are identical to those listed in the caption on page 1].

IV. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 1/2 by 11 sheets of paper as necessary.)

In August 29, 2012 I WAS ARRESTED ON CHARGE OF CRIMINAL POSSESSION OF A WEAPON 2ND DEGREE P.L. 265.03 CLASS C FELONY IN REGARDS TO A CHASE ON NASSAU RD & ARTHUR ST. IN UNIONDALE, NY ON THE DATE OF AUGUST 24, 2012. I WAS ACQUITTED BY JURY OF THIS CHARGE ON APRIL 29, 2013. WHILE THE WEAPON THAT SAID I WAS IN POSSESSION OF ON AUG. 24, 2012 WASN'T RETRIEVED UNTIL AUGUST 27, 2012 AT APPROXIMATELY 7:00PM - 7:30PM

IV. A

If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

MENTAL HEALTH TREATMENT Bipolar Disorder, post Depression

V. Relief:

State what relief you are seeking if you prevail on your complaint.

REIMBURSEMENT OF MY TIME INCARCERATED AT NCCC AUG. 19, 2012 -
APRIL 19, 2013. I RECEIVED A PAROLE VIOLATION BECAUSE OF POLICE CONTACT
REGARDING THIS CASE WHICH CAUSE ME TO MAX OUT AS OF FEB. 26, 2013.
I WAS SEEING A MENTAL HEALTH COUNSELOR REGARDING THIS SITUATION WHILE
INCARCERATED I GOT INTO ALTERATIONSHABEMENTS, WHEN SEARCHED I WAS
STRIPPED WHILE TRAVELING I WAS SHACKLED IN PUBLIC.

I declare under penalty of perjury that on FEB. 6TH 2015, I delivered this
(Date)
complaint to prison authorities to be mailed to the United States District Court for the Eastern
District of New York.

Signed this 6TH day of FEBRUARY, 2015. I declare under penalty of
perjury that the foregoing is true and correct.

McAugh D. McClellan

Signature of Plaintiff

NASSAU COUNTY CORRECTIONAL CENTER

Name of Prison Facility

100 CARMAN AVENUE

EAST MEADOW, NEW YORK 11554

Address

1400 9944

Prisoner ID#